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U.S. PTO
09/27/01

10/12/01

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

Attorney Docket No.	42741D	Total Pages	
First Named Inventor or Application Identifier			
Kazmierski and Jenkins			
Express Mail Label No.	EL636829759US		

MECHANICALLY FROTHED AND CHEMICALLY BLOWN POLYURETHANE FOAM

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Assistant Commissioner for Patent
Box Patent Application
Washington, DC 20231

- | | |
|--|--|
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form
(Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages ____]
(preferred arrangement set forth below)</p> <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure <p>3. <input type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets ____]</p> <p>4. <input checked="" type="checkbox"/> Declaration and Power of Attorney [Total Pages ____]</p> <ul style="list-style-type: none"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)
[Note Box 5 below] <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). <p>5. <input checked="" type="checkbox"/> Incorporation By Reference
The entire disclosure of the prior application identified in Box 18 is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p> | <p>6. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies |
|--|--|

ACCOMPANYING APPLICATION PARTS

- 8. ☐ Assignment Papers (cover sheet & document(s))
- 9. ☐ English Translation Document (if applicable)
- 10. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
- 11. ☒ Preliminary Amendment
- 12. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
- 13. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
- 14. ☐ Associate Power of Attorney
- 15. ☐ Sealed envelope containing confidential information, which Applicants may request to be expunged from the application file.
- 16. ☒ Authorization for payment of fees and Petition for Extensions of Time.
- 17. ☐ Other: _____

18. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information:
~~Amend the specification by inserting before the first line, the sentence~~ "This application is a
☐ Continuation ☒ Divisional ☐ Continuation-in-part (CIP) of prior application No: 09/730,153."

19. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label


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 PATENT TRADEMARK OFFICE

or ☐ Correspondence address below

NAME			
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CITY	STATE	ZIP CODE	

Please direct any telephonic communication regarding this application to the undersigned Attorney/Agent for Applicants:

Shelley D. Storer
 Shelley D. Storer
 Reg. No.: 45,135
 Phone No.: (989) 636-7393
 Fax No.: (989) 638-9785

Assistant Commissioner for Patents
Washington, D. C. 20231

Attorney's Case No. : 42741D

Application of : Daniel W. Kazmierski, Randall C. Jenkins

For: MECHANICALLY FROTHED AND CHEMICALLY BLOWN
POLYURETHANE FOAM

No. of Drawing Sheets: 0

EXPRESS MAIL MAILING LABEL NO EL636829759US
DATE OF DEPOSIT October 12, 2001

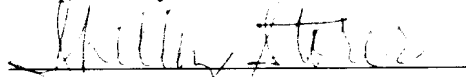
Sir:

Enclosed for filing is the above-identified application. Please charge the estimated fee to our Deposit Account No. 04-1512. An original and 2 copies of this sheet are enclosed.

A. Basic Filing Fee	<u>\$740.00</u>
Total Number of Claims	<u>1</u>
Less (Basic Fee)	<u>20</u>
B. Extra Claims	<u>1</u> x \$ 18.00 = \$ <u>1</u>
Total Number Independent Claims	<u>1</u>
Less (Basic Fee)	<u>3</u>
C. Extra Independent Claims	<u>1</u> x \$ 84.00 = \$ <u>0</u>
D. Multiple Dependent Claims Presented	+ \$280.00 = \$ <u>0</u>
TOTAL FILING FEE (A+B+C+D) =	<u>\$740.00</u>

If this estimate is incorrect, please charge or credit our account accordingly.

Respectfully submitted,


Shelley D. Storer
Registration No.: 45,135
Phone: (989) 636-7393

THE DOW CHEMICAL COMPANY
Intellectual Property
P.O. Box 1967
Midland, MI 48641-1967
Date: October 12, 2001
SDS/lrm